TAXABLE YEAR

CALIFORNIA FORM

2003	e-file Opt-Out Record	8454
Part I: Taxpaye	r Information	
First Name	Last Name	SSN

First Name	Last Name				SSN	
Spouse's First Name	Last Name				SSN	
Street Address		Apt. no.	PMB no.		Telephone number	
					( )	
City		I	l	State	ZIP Code	
General Information						
(e-filed) unless the taxpay	ividual income tax returns pre er elects not to e-file or the tax o e-file, check the box below.					
☐ Taxpayer election	on					
Reason (option	al):					
Taxpayer's signature						
Spouse's signature (if filing jointly)					Date	
Part II: Tax Preparer Inform	action					
Do not mail this form to FT	B. Please keep it in your recor	rds.				
☐ Reasonable Ca	use					
Explanation:						
						<u> </u>
Paid Preparer's Signature	Date					
Paid Preparer's Name					SSN/PTIN	
Firm's Name (if applicable)					FEIN	
Firm's Name (if applicable)					FEIIN	
Street Address					Telephone number	
City				State	ZIP Code	
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